## ISSUE SLIP STAPLF. AREA (for additional cross references) ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW RESPONSE FORMALITY REVIEW INDEX OF CLAIMS** ..... Rejected ..... Non-elected ..... Allowed ...... Interference (Through numeral)... Canceled ..... Appeal ...... Restricted ..... Objected Date Claim Date Claim Date Final Original Final If more than 150 claims or 10 actions

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